

Oct 29 04 09:31a

Arthrocare Corporation

(408) 530-9143

p.2

PART B - FEE(S) TRANSMITTAL

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21394 7590 09/01/2004

ARTHROCARE CORPORATION
680 VAQUEROS AVENUE
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11/01/2004 AKELECH 00000002 500359 39771299

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| | |
|---------------|--------------------|
| MICHAEL NICEY | (Depositor's name) |
| [Signature] | (Signature) |
| 10/29/04 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/771,299 | 01/25/2001 | James L. Pacck | C-11 | 9200 |

TITLE OF INVENTION: SYSTEMS AND METHODS FOR ELECTROSURGICAL DISSECTION AND HARVESTING OF TISSUE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | YES NO | \$645 1350. | \$300 | \$945 1,640 | 12/01/2004 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| COHEN, LEE S | 3739 | 606-041000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. JOHN T. RAFFLE
2. RICHARD R. BATT
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ARTHROCARE CORPORATION

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

SUNNYVALE, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change In Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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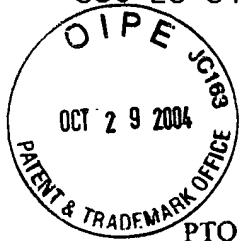
RICHARD R. BATT

Date

Registration No.

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PTO FAX NO.: 1 (703) 746-4000

Attorney Docket No. C-11

Application No.: 09/771,299

CERTIFICATION OF FACSIMILE TRANSMISSION

In connection with U.S. Patent Application of **James L. Pacek et al**, Application No. **09/771,299** filed **January 25, 2001**, I hereby certify that the following **ISSUE FEE TRANSMITTAL** is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 5

Dated: 10/29/04
Michelle Nicely

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